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MEDICAL EDUCATION.

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It seems appropriate at this time, while the Regents of the University of the State of New York, in connection with representatives of the trustees and faculties of the several Colleges of the State, are considering what measures should be taken to strengthen the position and enlarge the influence of the so-called "Original Colleges (Colleges of liberal arts)," that we, a representative body in the medical profession, should consider what can be done to elevate the standard of medical education, that the influence and usefulness of our medical colleges may be extended. Chancellor E. O. Haven, of Syracuse University, as chairman of a committee, in his report to the Regents of the University, says: "One of the peculiar privileges and duties of universities is the presentations of appropriate certificates or degrees, so-called, to students who complete prescribed courses of study. In most European countries such diplomas or degrees have a pecuniary value, as they are a prerequisite to certain offices of honor, trust and emolument. In this State this is true to but a limited extent. The degree of Doctor of Medicine carries with it some legal privileges. Graduates of our colleges also, who have studied in the colleges a certain specified subject, are, by a rule of the Court of Appeals, entitled to a credit of one year's preparatory study in examination for admission to the privileges of practice before the courts as attorneys. These are the only legal privileges connected with University degrees in this State. But from a long tradition, and from the usages of the learned professions of law, medicine, theology and teaching, these degrees,

in America, as elsewhere, carry with them a great value. They are given in New York by authority of the State. The State may be expected to see that this authority is wisely and justly used." These remarks of the Honorable Chancellor are particularly applicable to the degree of doctor of medicine. The State should be expected to see that this degree represents what it purports to—a certain standard of educational qualification. This is evidently the object of the regents and representatives of the colleges in regard to the degrees heretofore conferred by the colleges of liberal arts. With them it is a matter of inquiry, whether, "in perfect harmony with our liberal institutions," these diplomas cannot be made to "represent a definite amount of scholarship and character." It is well said in the report that: "Happily for this experiment, New York is best situated of all these States. With a population of nearly 5,000,000—a respectable nation of itself—with a large number of colleges that can attract students from abroad as well as from its own territory, and happily, as we think, with no present disposition to enlarge the present number, it also has, what no other State has, a corporate head of these colleges in the "Regents of the University of the State of New York." Not itself a college or university in the ordinary sense of the word, but a body of men chosen by the Legislature, and responsible to the State; impartial, clothed with constitutional, supervisory, legislative and administrative authority over academies and collegiate institutions, by which, rightly exercised, with the co-operation of the legislature, the colleges, the academies, the Board of Education, the Superintendent of Public Instruction, and the schools under their supervision, a more methodical, free and efficient system of education may be obtained than has ever yet existed in this country." As

a means productive of this result and in conclusion the report recommends, "that the Regents of the University of the State of New York be requested to prepare certain prescribed courses of study, supplementary to what is required by the colleges in this State, for the respective baccalaureate degrees, upon the completion of which, and passing an examination according to conditions fixed by the regents, any graduate of any college in this State, having spent at least one year either in post-graduate study in some college under the supervision of the regents, or in teaching, shall be entitled to an appropriate degree by authority of the regents." Through the recommendations of this society, the Legislature in 1872, enacted a law providing for an examination and the granting of the regent's diploma, conferring the degree of doctor of medicine, similar in effect to the plan proposed in the report, for the post-graduates degree of the universities and colleges. The Regents of the University have appointed, in accordance with the act, boards of medical examiners, and examinations have been made and diplomas granted, but the degree has not been generally sought after, therefore, failing to attain the object desired "a radical change in the present system of medical education." I believe the failure is owing to the fact that the diploma does not confer any greater legal advantage or any degree that would indicate a higher professional standing, than that acquired through the diplomas of many of the regularly incorporated medical colleges. This calls for a change in the law, that it may be more effective. In the first place, I would make the degree of greater legal value. I believe that it should be the only license to practice medicine or surgery in the State of New York. Thus would our State, under the supervision of the Regents of the University, be enabled to control and elevate the standard of medical education, and thus eradicate from the ranks of the profession a vast number of conspicuously incompetent persons. In fact it would be, as our venerable colleague, Dr. John F. Gray, has said: "When that day arrives, and when this great State shall have charged the regents of its universities to institute a uniform test of merit above the present college diploma and the county and State society license; when, in short, the government shall have instituted a State examination of all aspirants for practice within its

limits, like the German *Staats examen*, the profession will begin (but never till then) an ascending scale of acquirement and of efficiency in the bestowal of its great benefits."

Under the act entitled, "An Act relating to the examination of candidates for the degree of Doctor of Medicine, passed May 16th, 1872," this plan could be carried out, without detriment to any partisan or individual interest. The Boards of Medical Examiners, as now appointed, and the rules and regulations adopted by the regents for their government, would prevent any sectarian control which might prove a detriment to an impartial examination.

I believe that this would accomplish the purpose of elevating the standard of medical education. It would separate the teaching from the licensing interests, and thus compel the colleges, if they would have their graduates honored and respected, to advance their educational advantages and requirements to the same high standard.

The degree, as recommended by Chancellor Haven and his committee, is designed to be a post-graduate degree, for which a "course of study supplementary to that required for the baccalaureate degree is to be taken. In medicine we have no post-graduate degrees, although some of the colleges have a post-graduate course, for which they grant certificates.

I believe that one great defect in the law, is, that it does not make the regent's degree of doctor of medicine a post-graduate one, requiring that students should first graduate from some regularly incorporated medical college, under the three years' graded course. Thus would our students be required to place themselves in a position to acquire both the theoretical and also the much needed practical part of a medical education. I have great confidence in saying that a student cannot acquire a sufficiently thorough medical education under the instruction of a private tutor alone, but requires the advantage of a well regulated medical college, surrounded with its privileges for studying practical anatomy, physiology, chemistry and clinical medicine and surgery. There is a need that something should be done in this particular, and in an endeavor to bring about a change as indicated, it may be, as suggested in the report referred to, "safest to 'make haste slowly;' but there should not be an unthinking hesitation to try experi-

ments and to reduce theories that seem to be correct to the test of practice."

Let us, therefore join with the regents of the University of the State and with the trustees and faculties of the several universities and colleges in their endeavor to establish a uniform standard of qualification for the several degrees conferred by our educational interests. Thus may we be enabled, not only to strengthen and extend the educational interests of our own Empire State, but its influence may be felt throughout our nation, or even the world, and thus prove a "boon to humanity."

SOFTENING OF THE BRAIN.

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SYNONYMS — *White, or non-inflammatory softening: remolissement blanc, or, ramollissement non-inflammatoire; Encephalomachia.* "Softening of the brain"—a purely pathological form of expression—seems to have obtained an unwarrantable latitude of use, both among physicians and laymen. Employed conventionally by the former, to describe a certain clinical grouping of symptoms—often obscure, and where no actual lesion can be demonstrated; it is re-echoed by the latter—especially the better educated—in connection with cases of nervous debility, "brain fog," etc., until one might suppose "softening" to be the most common disease among those who have brains to use, or, to over-use. People who overwork themselves; who "live too fast;" who are always "on the go," either in pleasure or business; who are "under the harrow" of domestic anxieties or infelicities—especially if naturally of a weak temperament, or inclined to alternating moods of elation or depression—are the most apt to imagine themselves threatened with "softening of the brain." Forgetting nature's reasonable demands, and intent solely on business or enjoyment, they are suddenly confronted by a curious combination of physical and mental conditions which compel their attention. They find that they are rather more excitable than formerly; are more easily irritated by trifles; they have depressed moods; mind and body act sluggishly; protracted exertion is difficult; they begin to sleep poorly; attention and memory seems to fail them at times;

they suffer from sensations (more disagreeable than absolute pain) about the upper part of the spine and at the occiput; and from head symptoms, not closely defined as headache—but quite intolerable—like "burnings," or "a pressure" at the top and back of the cranium. Anxiety deepens into fright. The indefinable and mixed character of their feelings reminds them of some case of brain-disease, in which so-called "softening" was said to be present. And, with the erroneous (though very prevalent) idea that softening is a process involving the *whole* body of the brain and that it must, therefore, necessarily give rise to *general* mental symptoms, they quickly yield themselves to dire apprehensions of impending "brain-softening."

Now, in a large proportion of these cases, the trouble is simply due to nervous exhaustion, arising from appreciable violations of nature's laws, and amenable to medical treatment, moral and hygienic surroundings, and—*rest*. This nervous prostration, debility, or whatever we choose to call it, originates, probably, in the sympathetic nervous system, and affects the brain *secondarily*, by disturbing the nutrition of its highest centres.

Other cases, occurring—perchance—in temperaments exceptionally weak and sensitive; or, acting on minds hereditarily predisposed to sombreness and introspection, seem, as it were, to make a deeper photographic impression upon the entire organism—and become, more or less clearly, defined as *hypochondriasis*. Such are, of course, less susceptible to treatment; and not infrequently, are finally lost within the slow-creeping shadows of the "border-lands of insanity."

But in the cases depicted—even the more prolonged, serious and ingravescent—there is no softening of brain-substance. On the contrary, there is probably a greater firmness of it; a condition of atrophy (shrinkage) with increase of connective tissue; a condition normal in old people, not uncommon in middle-aged drunkards, and in younger people, who have died from long and wasting disease wherein the nervous system was not involved.

What, then, is the "softening of the brain?" It is, says *Hammond*, "a distinct pathological condition—as much so as sclerosis or any other morbid anatomical state." This phraseology is worthy of being distinctly remarked; brain-

softening, *per se*, is not a disease—but rather the *pathological sequence* of several (and more or less differing) conditions; although, in speaking of the *tout ensemble* of its symptoms, course, etc., it is conventionally described as “a disease, characterized during life by an impairment of mind, sensibility and motility, and after death by diminished consistence and degeneration of the cerebral substance.”*

It is probably true, that an abnormal, or impoverished state of the nutritive fluid, or blood (as in anæmic or cachectic persons), or a want of proper activity in the tissue elements themselves, sometimes leads—especially in the aged—to softening of the brain. Yet, the proof of this is by no means so clear, as that, *at all ages of life it is most frequently due to some impediment to the proper circulation of the blood.*

Pathology shows that it is always a *localized* condition confined to some one spot in the brain more or less limited; and that it is directly related to, (and caused by a disturbance of) a certain arterial supply.

Such disturbance may arise from, (1) *cerebral hemorrhage*; (2) from *obstructions to the cerebral circulation*. The softening, however, which follows cerebral hemorrhage, as well as that arising from the pressure of tumors, or other adventitia in the brain, or from injuries, is really of an inflammatory, and therefore, of a secondary nature. So that, in the consideration of “softening of the brain” we are properly restricted to that form which is a true necrobiosis, (or *death*), of brain tissue, and which is due directly to morbid conditions of the cerebral vessels.†

These morbid conditions, are (1) those *obstructing the cerebral circulation*, viz., embolism‡ and thrombosis§ of its arteries, embolism of the capillaries, and (infrequently) embolism of the veins and sinuses; (2) *diseased states* (such

as fatty and calcareous degenerations) of the *walls of cerebral arteries* and capillaries, by which the osmosis and nutritive exudation necessary to the vitality of the surrounding brain-substance, is prevented.

Brain-softening, then, is a disintegrative death of a portion of cerebral substance, of variable size; related to some one arterial district, most frequently found in the convolutions, the *corpora striata* and the *optic thalami*, and in the gray matter, oftener than in the white; the middle lobe being more liable than any other. When produced, as it oftenest is, by thrombosis, it may be indifferently located; but, when from embolism, it is more common on the left side, and the embolus or “plug,” which has occasioned the mischief, is found in the middle cerebral artery of that side, which being anatomically located almost directly in the line of strain from the heart, is more apt to receive a fibrinous plug from that organ.

PREMONITORY SYMPTOMS.—In *embolism*, from the very nature of the occlusion, which is instantaneous, there can be none. In *thrombosis*, as a general rule, we have for months and even years, premonitory symptoms, more or less clearly defined, the slow and insidious development of which corresponds with the gradual reduction which is taking place in the calibre of the affected artery. These prodromata give the impression of a generally defective nutrition—as evidenced by gait, manner, aspect, premature baldness or grayness, rigid pulse, weak cardiac impulse and some local irregularities of temperature,—still nothing especially suggestive of cerebral danger. In course of time, however, the patient has head-pains, dull, ill-defined, more or less persistent; next, dizziness and a sense of general confusion, some dullness of sight and hearing; a sense of numbness, almost amounting to pain; a weight, or “want of life” in the limbs; irresolution of purpose and of judgment; instability of temper, and an increase of emotional weakness; the muscular power is weakened; there is a “stoop,” or laxity of gait and bearing, and some tendency to cramps in the limbs. To others, also, his face assumes a blank, listless expression when at rest; he seems, at times, to be “lost” to what is going on around him; and, when recalled, he recovers himself and attempts to go on with his work, but with a preoccupied air and with evident effort. Slight

* Reynolds' System of Medicine, ii, 426.

† “Excluding softenings about tumors and softening from gross causes similarly obvious,” says Dr. J. Hughlings Jackson, “I know nothing of softening of the brain, except that resulting from blocking of cerebral vessels. * * and, excluding softening about tumors, softening from injuries, etc., I know nothing of ‘extension of softening’ except in the very simple sense of its resulting from new blocking up of arteries near those formerly blocked up.”

‡ Stoppage of the artery by a fibrinous plug thrown off into the circulation, from the heart.

§ A reduction of the calibre of an artery by deposit on its inner walls.

occasional "faints," pale face, and cool limbs, are, at this stage, significant of cerebral trouble. A dragging of one leg; or a leaning, or lopping to one side, when standing or sitting, is sometimes observable—and is more indicative of danger when confined to one side. The difference in extent and manifestation of these motor symptoms are largely dependent upon the size and importance of the occluded vessel.

The final, *absolute occlusion* of the vessel is, however, announced (both in embolism or thrombosis) with instantaneous promptness, either by (1) an *apoplectic stroke*,* (2) *paralysis* without loss of consciousness,† (3) *convulsions*,‡ or, (4) especially in the aged, *delirium*.§ It will easily be seen that the varying forms, precedence and

combination, as well as the attending circumstances with which these signs of invasion so suddenly appear, cannot fail to open a wide field for differential diagnosis—upon which, from lack of space, we cannot now enter. It is sufficient, for our present purpose, to say, that in any case, *an absolute diagnosis of brain softening can only be based upon the pressure of symptoms which imply a local cerebral lesion*, unless, indeed we have signs of cerebral tumor, or proof of violence to the head. Now, *hemiplegia, coming on without loss of consciousness*, (except in chronic renal disease) is one of these symptoms of softening. *Affection of the speech* is another.* These are special symptoms directly resulting from softening, and more to be trusted, for diagnosis, than any general symptom.

To return to the point of occlusion, however caused or announced,—what is the nature and sequence of the resulting changes in the brain-substance?

Thus they are clearly stated by *Nothnagel*:† "The immediate consequence of the occlusion of an artery beyond the circle of Willis is always anemia, without softening of the parts which it supplies. This is followed, either by hyperemia, attended by oedematous swelling and hemorrhage, (the presence of which formerly constituted the principal ground for regarding this entire condition as one of inflammation), the final result being a necrobiosis, softening of the affected district; or the hyperæmic engorgement and the hemorrhages fall to occur, and the vascular obstruction is followed by simple necrobiosis, giving a whitish-yellow or white color to the affected mass.

"The usual duration of the different stages is not precisely known. One fact alone is certain, namely, that the brain bears the circulatory disturbances resulting from vascular occlusion less well than other organs and that the structural changes in it are more quickly

* The patient, either with or without the momentary premonitory headache, or warning cry, falls to the ground, bereft of consciousness, and of every evidence of life, save respiration, heart-pulsation and the power of swallowing. Or, with some warning dizziness, pain in the head, confusion of mind or speech, sleepiness, nausea and even vomiting, gradually passes into apoplectic coma. These attacks may seem to be connected with some extra fatigue, or unaccustomed exertion, or from too long abstinence from food; may have longer or shorter remissions and periods of recovery, or—by repeated apoplectiform seizures—may pass rapidly to death. Their symptoms are so identical with those of cerebral hemorrhage and congestion as to defy a clear diagnosis, and are also liable to be mistaken for those of anemia. In some cases the loss of consciousness is preceded by a paralysis of muscles on the side opposite to that in which the lesion has occurred—especially those of the face, and of one leg or arm, singly or together—or, by a disturbance, or total loss of power of speech.

† As in the typical case of a man, middle-aged, who goes to bed at night in usual health and wakes in the morning, to find his left side paralyzed, yet mentally, feels as well as ever.

‡ Resembling somewhat the ordinary epileptic attack, though followed by a less profound and stupid sleepiness. The patient may be restless and loquacious, or quiet though "not quite himself" for a little time; when a second seizure follows, and another follows, each succeeded by increasing stupor and almost invariably by paralysis—leading to death within twenty-four or forty-eight hours—though there are cases which recover.

§ Especially in the case of the aged. The delirium is usually mild, except where there is a meningeal complication, when it is of a violent and more speedily fatal nature. The patient suddenly "wanders" in his talk, is restless, loquacious, busy in his manner, gets easily tired and readily falls asleep—wakes up somewhat confused, but rallies for a few days or weeks, when the confusion and delirium re-appear and are more persistent. There is no complete restoration—one side is found to be paralyzed or to be somewhat weaker than the other. Coma alternates with the delirium until death.

* *Dr. J. Hughlings Jackson* claims that affection of speech, (aphasia) is a mental symptom—an exceedingly special one. "A person who has lost speech has lost a part of his mind. Indeed, if the trunk of the middle cerebral artery be blocked there is very extensive softening, and a state very like imbecility as well as loss of speech; the patient's power of expression in all ways, and even the exhibition of states of feeling by smiling, etc., may be gone. Even then, the symptom is a special one—loss of language, or loss of speech. For we speak not only to tell other people what we think, but to tell ourselves what we think; rather a proposition is the ending of a mental operation, and often the beginning of another. The aphasic can still think in some fashion; he remains able to do so, I consider because, although speechless, he is not worthless; he has remaining the automatic and unconscious use of words in the right undamaged cerebral hemisphere."

† *Ziemssen*, xii, 189.

induced. It may be said that, as a rule, these changes begin in the course of the second twenty-four hours after the occlusion, although isolated cases have been reported in which the consistence of the brain tissue was still apparently normal after the lapse of two days.

"The first form under which, as stated, the structural changes occur has been designated as '*red softening*.' The volume of the affected portion of the brain seems at first to be increased, while its consistence is somewhat diminished. The color may be any one of the various shades of red between quite light and very dark. In the midst of the mass small points of a darker color are to be seen, which are the seats of 'capillary apoplexies.' These minute extravasations are at times so numerous and so closely approximated to one another as to give the whole mass the appearance of a hemorrhagic focus. As the changes progress, the consistence of the parts becomes gradually less, and the softening more and more evident. As a rule, the transition from the diseased to the healthy tissue is a gradual one, the line of demarcation never being so sharply drawn as in the cases of the ordinary form of hemorrhage, especially at the outset.

"After the lapse of from two to four weeks the reddish color begins to fade away, and gives place to yellow (this stage represents one form of the '*yellow softening*.' This change of color arises from two causes; first, from changes which the coloring matter of the blood undergoes; and, further, in some degree in consequence of the fatty metamorphosis of the nerve elements.

"If the patient lives long enough, this yellow softening may give place to a milky *white softening*; but this change takes place only after the lapse of several months. The affected tissue forms a mass which, as a whole, is semi-fluid, but contains a certain number of denser particles. As a final result, the constituents of this mass may be in part re-absorbed, leaving a sort of cyst filled with quite thin fluid. Small masses of disease may be completely reabsorbed. The construction of the larger cysts may be of the same character with that of those following hemorrhage; indeed, the two varieties are often not to be distinguished.

"Vascular occlusion is, however, not invariably followed by venous engorgement and infarction—in other words, '*red softening*.' It may, on the other hand, be followed by simple necrobiosis, which presents from the outset the characteristic features of '*yellow softening*.' In this case, also, the consistence of the affected brain becomes lessened, its color yellowish; but this color is here not due to blood pigment, but to the presence of thickly crowded granular bodies, containing fat drops, which result from the retrograde metamorphosis of the various tissues. Finally, cases are observed in which a condition of '*white softening*' exists from the very outset."

In view of these pathological changes going on in the brain-tissue, we can better comprehend

* Further, see Cohnheim's microscopic investigations as to the ultimate causes, etc. *Ziemssen*, xli, 191, 192.

the gradual evolution of the general mental symptoms as they appear during the course of the disease. Shortly after the occlusion of a cerebral artery has been announced, either by hemiplegia, apoplexy, aphasia, etc.—at least within ten days—the patient begins to "wander" in his mind,—although, for a considerable time, he is able to throw off the evanescent fancies (hallucinations and delusions) which envelope him, and he makes out to reply correctly to ordinary questions. Still, unless under the stimulus of some external arousement, he is evidently "befogged" as to his identity and surroundings, confuses persons and names, his memory fails and flags, and he slips into a sort of automatic mental condition—his brain-power being evidently somewhat reduced by his generally devitalized condition. The delirium, which sometimes occurs, is also due to the same cause,* (the amount of divergence from a normal state undoubtedly depending to some extent, upon the *kind* of brain which the patient had before his illness—whether it has been much weakened by vice, or excess, etc.) We have here, then, the combination of *negative* mental symptoms, such as loss of speech, imbecility, loss or defect of consciousness, with active or *positive* mental symptoms, such as delusions, hallucinations, delirium, etc.—the former of which are often owing directly to disease of the brain, while the latter, as *Dr. J. Hughlings Jackson* has well shown, must be due (even where there is disease of the brain) to the action of parts of the brain which are *not* the seat of a lesion which produces *loss* of fruition; and are, in fact, "due to the action of parts which, except for over-excitement, are healthy."

* *Dr. Jackson* makes a therapeutical point of this—saying "probably the hemiplegic patient has, for theoretical reasons, been put on a spare diet, a diet next to nothing, although the very local damage in his brain has not seriously affected his digestive organs—not obviously affected them at least. The palsy has alarmed and depressed him, and he has not in consequence slept, or has not slept well. These mental symptoms (delirium, delusions, hallucinations, etc.) are often due in great part to want of food. Very likely the poor fellow may have every day for years eaten and drank too much. * * * * We should be cautious how we begin to change a man's habits, even bad habits, very soon after an attack of hemiplegia. If we do not keep up his arterial tension the parts of his brain the furthest from his heart will not get plenty of blood. The parts geographically furthest from the heart are the most intellectual; he may therefore become delirious if his arterial tension be much lowered.

In the general lowering of vitality which precedes or is attendant upon that disturbance of the cerebral circulation which (be it embolism or thrombosis) is the initial point of softening, the first mental symptoms are those indicative of a loss or impairment of consciousness.

Why? Because consciousness is seated in the highest nerve centres, those furthest removed from the centre of circulation, and which now begin to feel the lack of arterial tension which is necessary to their proper supply. Being insufficiently supplied, their powers flag and fail. Meanwhile, the lower nervous centres—gradually slip from the slowly relaxing control of these superior nerve centres, and pass into what may be termed excessive (though healthy) action—such as delirium, delusion, etc.—analogous to the automatic mental action of dreams, which go on during sleep, while the intellect or will is temporarily in abeyance. It will be seen, therefore, that these active mental symptoms are not necessarily indicative of cerebral softening (since they may originate as well from cerebral hemorrhage); that they are rarely dependent upon primary disease of the brain, but rather to secondary; and that, in short, paradoxical as it may seem, “the trustworthy symptoms in the diagnosis of acute and primary disease of the organ of the mind are physical, and that the untrustworthy symptoms for that diagnosis are mental.”

Later still in the process of the disease under consideration, a greater degree of mental deterioration shows itself, both intellectually and emotionally. Loss of power of thought, or confusion, as to new, difficult or complicated matters; peevishness, selfishness and greediness; violations of decency, etc.; greater excitability, and marked emotional manifestations, generally entirely uncalled for. These symptoms seem to be due, not to any extension of the softening—which, indeed, may not increase in a ratio corresponding with their development—but rather to a slow, consecutive atrophy of the whole or of a considerable portion of the affected hemisphere—an atrophy which is found also, in cases of cerebral hemorrhage, and tumor, etc. They are peculiarly indicative of slow mental degradation—affecting first the highest and most special faculties possessed by (and latest developed by) the human mind, i. e., the inhibitory, or controlling power. We see in this process the con-

verse of what obtains in childhood, in which the lower or animal passions are gradually brought under control by education and the development of the higher faculties. So, in disease, the control of these same original passions is slowly removed. Were it suddenly removed by disease, the outbreak of the lower faculties would be of a violent, or explosive character—as in epileptic mania, the most furious of all forms of insanity.

Gradually, the weakened mind and body finds relief in death—either by coma, extension of paralysis to the sphincters, embarrassed respiration, and a quiet slipping off into the sleep of death.

From the preceding it will be seen that “softening of the brain” is, (1) a *localized* condition, (2) that it is a matter of *arterial supply*, (3) that its truest *diagnostic symptoms* are *local* and *physical*, (4) that it is, “essentially a manifestation of decay, and this may be either the natural result of the wear and tear of a long life’s work, or it may be the early outcome of excessive strain. The real cause is that waste of tissue which is unbalanced by repair, and this may come from the long continuance of work, old age, or the unhealthy severity of work, and its undue relation to rest.”*

The selection of a course of treatment for these cases is frequently much embarrassed by the uncertainty of diagnosis as to their cause—whether from cerebral hemorrhage, or from occlusion of cerebral vessels. If the symptoms seem to point to embolism or thrombosis, the body should be kept warm; the recumbent position maintained, with head slightly raised; the state of the skin, kidneys, bowels and excretions looked after carefully; gentle stimulants administered in case of any faint, or pallor; nourishing and easily digestible food given at not too long intervals by day, and occasionally during the night; mental exertion should be strictly forbidden, yet the mind kept pleasantly occupied, avoiding equally laziness or excitement; the bowels should be kept in such condition as to avoid any necessity or danger of straining at stool, yet not allowed to become too loose in action.

After the apoplectic symptoms have passed away, or been visibly improved, attention should be directed to the improvement of the condition of the paralyzed nerves and muscles, by the care-

* Reynolds’s.

ful use of electricity (both galvanic and faradaic currents); *hydropathic* treatment, (always remembering that hemiplegic patients should use only baths of a moderate temperature), and fresh air, avoiding any undue exposure to cold.

A comparison of the medical treatment of this condition of the brain, both by the allopathic and homœopathic schools, convinces us that the therapeutics of the latter, will be quite as likely to afford all possible relief, since they are applied on a more rational basis. When the disease shows evidence of inflammatory action, or is recent, *belladonna*, *nux vomica*, *mercurius*; where it is evidently due to atheromatous conditions of arteries, *phosphorus*, *phos. acid*, *anacardium*, *zincum*; for the hemiplegia, *nux v.*, *cocculus*, *baryta*, *arnica*; for the vertigo, *iodine* (congestive); *sulphur*; *digitalis* (cardiac); for sleeplessness, *coffee*, *hyoscyamus*, or *nux v.* and *cham.*, if the patient has been addicted to the use of coffee; *China*, if he has been a great tea-drinker; for paralysis (general) *phos. conium*, *cocculus*, (local), *causticum*, *aconite*, *ignatia*, *belladonna*; for convulsions (simulating epilepsy) *bell.*, *calc. c.*, *cuprum*, *strychnos*; for emotional disturbances, *ignatia*; headache, (active) *aconite*, *bell.*, *bry.*, *nux v.*, *glon.*, (passive) *gels.*, *opium*; for imbecility, consult *arnica*, *ambra*, *selenium*, *sepiä*; for sensation of formication, *secale cor.* See also my previous paper on "General Paralysis of the Insane."

In diagnosis as well as in treatment of these cases it is desirable to keep in mind the fact that softening, like most nervous disease, has its origin, not in nerve tissue, but in *non-nervous* tissue. This should give a very comprehensive breadth to investigation of cases brought to our notice.

THE EFFECTS OF THE USE OF THE NASAL DOUCHE UPON THE MIDDLE EAR.

BY E. B. SQUIER, M. D.

(Read before Onondaga County Hom. Medical Society.)

DR. ROOSA has published in the archives of Ophthalmology and Otology an analysis of sixteen cases, in which serious results followed the use of the douche. In thirteen of these cases the instructors in their use were physicians.

In seven of the cases, suppurative inflammation of the middle ear took place, and in one of these necrosis of the bones, with permanent

deafness. Otitis media acuta occurred in seven cases, six of which recovered their hearing power.

In the London *Lancet*, for December, 1876, Dr. W. S. Bowen, of Hartford, Ct., records six cases of middle ear disease induced by the use of the nasal douche, in treating naso-pharyngeal catarrh.

Dr. H. L. Shaw has also given his experience of eighteen cases, in three of which the mischief was caused, not by the ordinary douche, but by the posterior nares syringe, and in one by the practice of snuffing water from the hand through the nostrils.

Dr. Bowen says that in his cases there can be no doubt but the disease was due to the forcible entrance of fluid thrown by the douche to cleanse the nasal passages and pharynx.

In five of the cases the pain and disturbance about the ear were observed immediately after the fluid was passed into the nostril, and in the remaining case the connection is so close as to justify a positive opinion as to the cause of serious suppurative inflammation which followed.

Dr. Bowen agrees with Dr. Roosa in discountenancing the use of the douche; but says there may be exceptional cases which may call for it.

Dr. Roosa thinks that acute otitis media is more liable to be developed, but says that it is possible for a chronic inflammation of the tympanic cavity to be developed without any acute stage, and thus the true cause of an insidious chronic catarrh is passed over, and supposed to be an advance of the naso-pharyngeal inflammation.

In my own cases, of which I have had several, the most frequent difficulty has been a simple chronic catarrhal inflammation of the middle ear.

Within a year past, I have seen four cases of serious suppurative inflammation, which could be attributed directly to the use of the nasal douche. In one of these cases necrosis of the inner tympanic wall was also present.

In one case of non-suppurative inflammation of the middle ear, which came to me, the patient, a gentleman of about forty years, could with difficulty hear even the loudest voice. He had never used the douche, but had been in the habit for several years past of daily snuffing up water through the nasal passages, to relieve a "stuffy" sensation which he experienced. His deafness

dated to a period subsequent to the adoption of this practice, and I have no doubt was the effect of it. Another case which will also serve to illustrate the injurious effects of this practice of snuffing up fluids into the nasal passages, is that of a lady at present under treatment.

She came to me suffering from a non-suppurative inflammation of the middle ear. Among other questions I asked her at the beginning of the treatment, was whether or not she had ever used the nasal douche, and received a negative reply. I treated her for two months with no appreciable benefit, and when about to give up the case as a hopeless one, I learned from her that she had been in the habit of snuffing water into the nostrils whenever she bathed her face.

I advised her to discontinue this practice at once, and went on with my treatment with renewed hope, and steady improvement followed.

The multiplication of cases is not needed to prove the injurious effects of the habit either of using the nasal douche, or of snuffing fluids into the nasal passages; nor that the harmful results do not depend upon the character of the fluid used—for in all of the cases about which I could learn nothing more powerful than a solution of common salt and water has been used.

The question may be asked what method shall be employed to remove the secretions from the naso-pharyngeal spaces in catarrh? To this we would reply that the use of the posterior nares syringe seems to offer the least objectionable points of any method.

This instrument has been recommended by the most eminent men, and has been, I think, in general use by physicians for several years past, and thus far with only three reported cases of injurious effects from its use.

The use of the nasal douche was first suggested to Prof. Weber by the physiological fact that when one side of the nasal passage is entirely filled with fluid by hydrostatic pressure, while the patient is breathing through his mouth, the soft palate completely shuts off the superior naso-pharyngeal space from the mouth, and does not permit the fluid to pass downwards. The fluid then passes into the opposite nasal cavity, and escapes through the nostril.*

It will from this be readily seen why the fluids find their way to the tympanic cavity by means of the Eustachian tubes. When this superior

space is closed by the soft palate, the pressure of the fluid thrown by the douche readily enters the funnel-shaped opening of the Eustachian tube—and is carried by the force from behind to the tympanum.

The posterior nares syringe is placed over the soft palate, and at the time the fluid is thrown forward by the instrument, the patient is directed to forcibly exhale the air from the lungs, which has the effect of clearing the passage at once; and it seems to me that by the careful use of the syringe, in this manner, no harmful results will ever follow.

Clinic.

ENTERITIS—CELLULITIS—PERFORATION.

Read before the Hahnemann Academy of Medicine by Wm. J. Baner, M. D., October 24th, 1877.

A. W., a respectable German architect, of large frame and florid complexion, age 33, sent for me on the evening of March 12th. I found him suffering from an enormously distended abdomen, which, pressing against the diaphragm, induced severe dyspnoea. Percussion showed tympanitis. On the left lumbar, and extending into the left iliac region, was a large cancer-shaped swelling, apparently placed on top of the tympanitic surface, red in color, and giving on palpation some sense of fluctuation. The abdomen was somewhat tender on pressure, but not to a marked extent. His pulse was 130½, full; his temperature 103. He was very weak, and had taken no nourishment to speak of for several days; he had also a tormenting thirst.

The history of the case, from the first, as well as I could gather it from the patient himself, was briefly as follows: While attending to his business as an architect, in the lower part of the city, about three weeks before my visit, he was taken with a severe pain in his bowels, like colic; this continued to increase in severity until he was obliged to go home; in the evening he sent for a German allopathic physician, who told him he had inflammation of the bowels, and treated him for that disease, chiefly by means of large doses of *quinine*, internally, and *sinapiams* and *cold compresses* externally. His "bowels commenced to swell," as he expressed it, in about a week from the first attack, and the swelling continued to increase up to this time. For the

greater part of the time, the fever, in spite of the *quinine*, and in spite of the application of cloths wrung out of ice-water, which had been applied for a week over the abdomen, continued about as at present. His temperature had varied somewhat, but in the main it stood at about 100 in the morning, and 102-3 in the evening. During all this time he had severe pain in his bowels, and some diarrhoea, the discharges red in color. I could get from him no history of chill at any time, though, considering all the points in the case, I think he must have had one or more. These are the main points as elicited from him on the night of my first visit.

I made a prescription for the night, gave a cautious prognosis, and requested a consultation with Dr. Helmuth in the morning, mainly as to the advisability of opening the swelling on the left side. Dr. H., on examination, next morning, March 13th, decided to puncture the swelling in the left iliac. A large amount of flatus, fecal in odor, followed the incision—no pus; but it greatly relieved his difficult breathing, as the tympanitis largely disappeared. In the course of the night, however, the swelling and tympanitis largely returned, so that at his next consultation with me, March 14th, Dr. Helmuth determined to *aspirate* the swelling. As before, only gas was obtained. No result, worthy of note, except temporary relief to his respiration, followed these operations. His pulse continued high—his temperature, in the afternoon, continued at 103, and he was very weak. At the end of three days from the aspiration by Dr. Helmuth, the swelling in the left iliac and the general tympanitis were as great as ever. Now, however, the fluctuation was much more marked, and as Dr. Helmuth had been called from the city, I asked Dr. Thompson to *aspirate* the swelling, and he was successful in drawing off a large amount of fetid pus. The pus continued to discharge from this time forward, always accompanied with bubbles of fetid air. By palpation, sinuses, running across the abdomen, through the cellular tissue under the skin, could be distinctly made out. To test the size of these sinuses, and also to ascertain the source, without doubt, of the gas constantly escaping from the openings in the skin, tepid carbolized water was carefully thrown by a small syringe into these openings. It simply disappeared like water in the sand, not filling up the sinuses, but

evidently passing directly into the bowels. The patient fainted during the operation, but no further difficulty followed it. On the tenth day from the time the first puncture was made by Dr. Helmuth, an opening was spontaneously made through the skin, about three-quarters of an inch below the umbilicus, and from this opening also a quantity of pus flowed, accompanied or followed by bubbles of fetid air. From both of these openings, accompanying the pus, would occasionally flow articles of food, such, for instance, as tomato skins, seeds, and small pieces of cabbage. During this time his pulse continued to range not far from 130, and his temperature, in the afternoon, at 103. His urine was normal; but his bowels were rather loose, and the feces colored with blood.

By the 15th of April, under the influence of *silicea* 30, which he had taken, at long intervals, from the first development of pus, the discharge from these two openings began to decline, and the strength of the patient to improve. He was fed well, and stimulants freely given. By the middle of May he was able to leave his room; his pulse and temperature slowly returned to the normal standard; the two fistulae gradually closed; and by the first of July he was practically well, and resumed work.

The pathological processes embraced in this history are somewhat obscure, but they seem to me susceptible of explanation, in this way:

1. That Mr. W. had really, as his German physician stated, some form of acute enteritis.
2. That the intestinal inflammation had extended, by contiguity, to the peritoneum, but had remained, as it were, in circumscribed patches, not having become diffused or general.
3. That at these points of inflammation, adhesions had occurred between the intestinal and the peritoneal surfaces.
4. That the inflammation which had remained circumscribed so far as the peritoneum was concerned, had extended quite through the cellular tissue, forming a genuine cellulitis.
5. That the circumscribed inflammation, had gone on to ulceration, until all the tissues embraced in the adhesive process, from and including the intestine to the skin, were perforated, and through the fistulae thus formed, the flatus from the intestines and, subsequently, the articles of food, escaped, at first into the saucer-shaped chamber (formed by a circle of adhesive inflam-

mation) on the left side, and finally, following the punctures, from the body.

6. That the general tympanitis, which was so distressing a symptom at first, and which was temporarily relieved by the first puncture, was intra-intestinal.

7. And that, finally, the general cellulitis resulted in pus-formation, which was finally discharged through the openings made by the bistoury and the needles of the aspirators.

These suggestions seem to me to cover all the pathological processes involved in this complicated case.

The *medical treatment* of the case has not been particularly referred to, but it embraces but few drugs. On the occasion of my first visit, he was given *arsenicum*—suggested by the tormenting thirst and his general prostration. The *arsenicum* was followed in two days with *hepar sulphuris*, to hasten and perfect what seemed inevitable, viz.: the formation of pus. This was continued for five days. After the full development of pus, the *silicea*, as mentioned above, was commenced and continued, two doses a day, until he was discharged. A weak solution of *carbolic acid* was used freely in cleansing the patient, and the greatest attention given to the ventilation of the apartment to which he was confined.

A RARE CASE.

BY JOHN BUTLER, M. D.

(Read before the Hom. Med. Society of the Co. N. Y.)

Mr. W. T., æt. 26, was brought to my office by Dr. Jennie Ensign, on February 17, 1877, on account of a large tumor situated upon the ensiform cartilage, which is shown in the cut. The growth measured four and a half inches in length (vertical measurement), three and a half in breadth, and one and a half in height. It was slightly pedunculated, and had the following history:

At birth, a red mark very slightly raised above the surrounding surface, was all that was visible. This mark, the patient says, was then about the size of a twenty-five cent piece, and was of the shape and color of a strawberry, and was called by his old women friends his strawberry mark.

For a number of years this "mark" increased but little in size; but about six years ago, without any apparent cause, it commenced to grow larger, and continued since to do so, until it reached its present size. Without any hesita-



Fig. 1.

tion I pronounced the growth to be a large *nævus*, and recommended electrolysis for its removal, to which end, I introduced nine needles into the growth, and attached six of the needles to the negative pole, and three to the positive pole of a galvanic battery, and allowed a current of sufficient power to produce coagulation in a *nævus* of that size to flow through the growth. But having allowed the current to flow uninterrupted for several minutes, I saw no sign of coagulation taking place, and *nævi* are very easily electrolyzed as a general rule; indeed, so easily do they break down under the galvanic current, that the utmost caution must be used to avoid the production of an eschar, and destruction of the surrounding healthy tissue. But even now no suspicion of the real character of the tumor crossed my mind. I increased the battery current and allowed it to flow for several minutes longer. Still there was no sign of coagulation. I could not make out the reason, so withdrew the needles, desiring the patient to call in a day

or two. He called again on the 20th; no apparent difference in the tumor, except the marks of the needles. I then introduced twenty fine needles into the base of the tumor, and divided them between the poles of the battery, and submitted the tumor to the action of a very powerful current for an hour and half. Still no electrolysis took place, and the patient suffered but

base of the growth with a platinum wire, brought it to a white heat with the cautery battery, and severed the whole lump. Patient did well after this, wound healing promptly, leaving but little mark, except so far as denuding the part of hair was concerned. The cicatrix is not at all contracted, and is now almost of the same color as the surrounding skin, as shown in fig. II.



Fig. 2.

little pain either from the introduction of the needles or the action of the current.

Feb. 21st. Tumor somewhat inflamed; considerable herpetic eruption around the mouth and chin; general febrile disturbance; temperature 105; pulse 120. Ordered *aconite* every hour; still no electrolysis and no change in size of tumor. It now struck me for the first time, that the growth, although originally an erectile tumor, had undergone fatty degeneration, as fat is the only tissue in the body that will not yield to electrolysis. I then made up my mind to remove the growth by galvano-cautery.

February 22. The febrile symptoms all subsided. Appointed the next day but one to operate.

February 24th. The patient being anesthetized with nitrous oxide gas, by Dr. Hasbrouck, with the assistance of Dr. Ensign, I surrounded the

I would here remark that the cicatrices produced by burns at a white heat do not contract as much as those produced by burns at a dull red heat, or lower temperature. I here show you the tumor. It has been in alcohol since its removal, which has dissolved considerable of it and reduced it in size. You will here readily see that the whole mass has undergone fatty degeneration, and that really the growth is a fatty tumor. I present the specimen at this meeting on account of the rarity of such cases. In fact, I can find no report of a similar case ever having occurred.

HONORS TO AN AMERICAN.—Many of the daily papers, and most of the allopathic journals, have recently contained accounts of honors paid Dr. Sayre, of this city, for his improvements and discoveries in his particular specialty of surgery. A writer, in the *St. Louis Clinical Record*, says:—

"Dr. Sayre never did invent anything," so far as he is informed; "but as a father of other men's ideas he is without an equal. Dr. Sayre's plaster of Paris jacket was invented by Dr. Bryan, of Kentucky; Dr. Sayre's hip-joint splint was invented by Dr. Davis; Dr. Sayre's method of suspension was used by Dr. Lee, of Philadelphia, long before it was thought of by Dr. Sayre, and is very accurately described in a work written by Wm. Beckett, F.R.S., and published in London in 1840. The illustration in the book of the instrument used is very similar to that now used by Dr. Sayre. *Vive la humbug!*"

A DEATH is reported from an over-dose of *phytolacca decandra*.

A CASE is reported of complete removal of the clavicle and reproduction entire in nine months.

GUTTA percha tissue is said to be the best covering in affections of the skin requiring exclusion of the air. It is sold by druggists.

The Homœopathic Times.

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It is proposed to publish, as an appendix to THE HOMŒOPATHIC TIMES, a concise Retrospect of Homœopathic Literature, separately paged and indexed for binding, commencing where the "Record," edited by Dr. C. G. Raue, left off.

This undertaking, if carried out, will involve the expenditure of a considerable sum of money, and we appeal to the profession of the homœopathic school for the necessary aid in this direction.

We will commence the publication, providing 300 new subscribers to this journal, at \$3 each, are received, and proceed as rapidly as possible, to bring it down to date.

This will make an annual additional volume of about 200 pages, or over, and will commence January 1st, 1878, providing the necessary encouragement is given.

As this enterprise will greatly add to the value of the journal—without increasing its cost—it is hoped our present subscribers will use their personal endeavors in obtaining the necessary requirements to this end.

Subscriptions should be accompanied with the remittance, in check or postal order, on Station E, New York, payable to THE HOMŒOPATHIC TIMES, and will be returned unless the purpose is consummated.

Subscribe at once, in order that the undertaking may be placed beyond a peradventure.

HAVE WE AN AUTOCRACY AMONG US?

GOOD citizens are generally obedient to law and conservators of order. The man who willingly and deliberately tramples upon the laws of his country, snaps his fingers at legislators and defies them, places himself *morally*, in a worse position than the vagrant or the thief who is carried from our police courts to the work-house or penitentiary by the "Black Maria." The one, knowing himself to be under the ban of the law, hides himself in dark places and shuns the companionship of the good. The other is dressed in broad-cloth, hands the plate around with a gracious smile in church, lectures in halls of learning, is ranked as a professor and an M. D., and likes to be looked upon by the country whose laws he defies, as a gentleman. Both are law breakers, but the latter adds to his crimes the meaner vices of impudence and hypocrisy.

The College of Physicians and Surgeons in this city recently refused to matriculate a young man because of his color. He was a native of the West Indies, and had negro blood in his veins. Hence in the estimation of the savants and christian gentlemen of this institution of learning, was unfit to sit upon the same benches with the aristocratic Caucasian race, who are privileged to listen to the words of wisdom as they fall from the lips of these wonderful men, who are exalted so high, in their own estimation, that they care neither for "legislative or public opinion."

The New York *Sun*, which has poured its light upon a good many shams, has done no better service than in placing on record, in their own

language, the arrogance and contemptible meanness of these would-be autocrats in medicine, who, in the language of the President of the Faculty, "care nothing for public opinion and ask nothing of the Legislature." And yet this man, every Sunday, prays for all in authority, and in the same breath places himself above the law and sneers at public opinion. The colored man sits in the Congress of our nation, and takes his position as a citizen at West Point and Annapolis. He is no longer a slave, a chattel, but a man—recognized as such by law, by public opinion, and by institutions of learning all over the country. He can demand, and the law will uphold him in that demand, all the rights of a citizen in the chartered institutions of the State, even though he aspires to the high honor of occupying a seat in the College of Physicians and Surgeons in the very presence of those *great men* (?) who are raised in their own estimation so high that they care "neither for public opinion or legislators."

The State defines what is regular in the medical profession, and marks out the requisites of study necessary for graduation. Every college chartered by the State is *regular*, and every physician holding the diploma of a regularly chartered institution is a regular physician. His certificate as a preceptor, if he has violated no law, is in the eye of the law, valid in any regular college in the State, even in that musty old tomb called the College of Physicians and Surgeons, where the owls and the bats flap their wings, and imagine their discordant hoots the condensation of all medical wisdom.

Seriously, is it not about time that these would-be autocrats shall learn that they cannot with impunity defy the law to which they owe their own authority, or snap their fingers at legislators and public opinion? All that is necessary to prick the bubble of their vanity and place them where they belong, is to bring these contemnors of law into the courts which they defy.

MEDICAL UNION.

WE publish in another column, a letter sent us by an old school physician, in good and regular standing in the community in which he lives, in answer to our editorial on "Medical Union."

The tone of this letter is liberal, charitable, agreeing with the most important principles contained in our article, and we produce it entire in our columns.

It seems to us that the classification of remedial agents, as *first*, mechanical; *second*, chemical; and *third*, dynamical, would clear up to a large extent the complications into which we are thrown, by attempting to practice exclusively, or in attempting to bring every case under either law of cure. We think the Doctor is mistaken in his assertion that many of our school consider histology and pathology unnecessary to our knowledge. We will admit, that judging from the expressed views of some, this conclusion would be reached; but if we watch the practice of these same physicians, we shall observe that many times the pathological condition serves as a guide even to them in the selection of the remedy.

Pathology cannot be divested of its subjective symptoms and remain intact; for as we understand it, pathology includes both the objective and subjective symptoms, and he who prescribes upon either alone takes only a partial view of his case; and as well might he attempt to diagnosticate disease with imperfect examination as to attempt the therapeutic application of drugs without taking into account both the objective and subjective symptoms. The fact that a drug has been experimentally proved to be efficacious in combating certain diseases or symptoms of diseases, is not sufficient to the homœopathist to warrant its use in a similar case, unless certain characteristic symptoms of its action are present. Of course, all cases of disease are not typical, either in diagnosis for classification pathologically, or for the diagnosis of the remedy. When we meet with symptoms typical of a cer-

tain form of disease, we have no hesitation in pronouncing the diagnosis. The same is true in respect to drugs in their application to diseases. If, when we find a typical case for a certain drug —by that we mean one in which the characteristic symptoms plainly point to a particular remedy, then we administer it with the greatest confidence that it will accomplish all we expect under the law. It is these typical cases that confirm this confidence. Of course we meet with many cases which are mixed and indefinite, in which the selection of the similar is, at least, difficult if not impossible, and these are the cases which cause so much trouble, and weaken one's confidence in the law of cure.

Alas, there are too many cases in which we are compelled to *guess* at the selection of a remedy. But who can say that *guessing* should be the *rule*, when we have a *law* of selection, however imperfectly it may be understood at present, or however limited it may be interpreted in its application. We ought certainly to make *guessing* the exception, and absolute certainty the rule whenever the circumstances will admit of our doing so.

The question has been asked, whether the results of chemical and microscopic investigation, examinations with the ophthalmoscope, laryngoscope, speculum or sound should be included in the totality of the symptoms. We unhesitatingly say, *yes*; and moreover, they should be included in the diagnosis of any case in which either of these or any other of the physical examinations can possibly apply. Our cases should be diagnosticated with all that thoroughness which modern invention and discovery can possibly enable us to make. We cannot say, however, whether any of these would give us that key to the remedy required in a given case which may be needed for its cure; but we are liable to find this key by any of these physical means.

Hahnemann, in his day, possessed no means of making fine diagnoses such as we have at present,

and we must judge of him and his writings with that charity requisite under such circumstances.

We think facts will bear us out in the statement that homœopathic physicians, as a rule, do pay as much attention to pathology and the means of diagnostivating its condition as the members of the old school. The physicians whom we happen to know are just as careful in making all the examinations we are able to make in these modern times, and of using them *too*, in classifying pathological conditions and using them as therapeutic aids whenever their significance will admit. Undoubtedly, the time will come when we shall all be satisfied to call ourselves *physicians*, but before that, the old school must advance (as they are rapidly doing) towards the minimum dose and its scientific application in accordance with the drug action, as obtained by very carefully made provings, for only in this way can we expect to know the exact physiological action thereof. When we can agree that all experiments shall receive their due consideration, to be accepted or rejected as unprejudiced investigation shall determine, then may we hope for that union which only the liberty of opinion and action can consummate.

THE PUBLIC HEALTH.

THE epidemic of malarial disease which has been so prevalent in this vicinity of late, has about spent its force, and our patients are fast recovering from its baneful influence; and now we have to turn our attention to the class of diseases which shall follow.

We venture to predict that cerebro-spinal meningitis may be one of the affections, judging from the tendency in cases of malarial origin this year, to develop similar symptoms. In the cases which have occurred thus far, the remedy that has been most often indicated has been *podoph.* I think we may reasonably expect, not only that this disease will prevail to a considerable extent, but that also, owing to the tendency to congestive chills which has prevailed,

that the remedy above referred to will often be called for. For some unknown reason zymotic diseases after existing for a length of time in certain forms, change, on account of some peculiar condition of the organism, and another set of symptoms classified under a different name make their appearance. For the past two or three years diphtheria has been alarmingly on the increase, and small-pox has been scarcely heard of.

We have made reference in a former article under this caption to the responsibility of the medical profession in respect to diseases of miasmatic origin. As the season of the year approaches when our dwellings are to be less thoroughly ventilated, we venture again to call attention to the important subject of *sewer-gas*, as one of the most important factors in the promotion of this class of diseases.

SPECIALISTS.

IN a recent issue of THE TIMES, in speaking of the quarrel in the State Woman's Hospital, we stated that, in our opinion, specialists, pure and simple, were unfit to manage a great hospital, even when devoted to special diseases. The habit of constantly looking at one set of organs rather than the body as a whole, one part influencing another, contracts their mind into a too narrow channel of thought. The November *Popular Science Monthly* illustrates this idea so forcibly that we quote a portion of its editorial:

"The intense and prolonged concentration of thought upon special inquiries, when it becomes a habit, excludes that breadth of view which can only be obtained by contemplating subjects in their wide relations. Absorption in detail is inevitably unfavorable to the grasp of principles, so that the mere specialist is never a philosopher. Of course, all strong scientific men must be more or less specialists, must limit themselves to restricted portions of the scientific field; but in such minds the narrowing influence of particular studies are counteracted by keeping up an interest in various subjects, and the comprehensive results of research. There are many scientific

workers who fail to do this, who lose themselves in their own narrow departments, and become not only inappreciative of the grand connections of scientific truth, but contemptuous of the higher work of scientific generalization. It is not to be expected that all scientific workers should be philosophical thinkers, but there is great need that many of them should cultivate a more liberal spirit in this respect, and recognize that the systematic study of the relations of science is as much a legitimate specialty as the working out of their separate and disconnected facts."

WE do not know of any short-comings that can account for the ignoring of our five-years existence by the "Committee on Medical Literature," of the American Institute of Homœopathy, whose report signed by its distinguished chairman, A. E. Small, M. D., criticises sharply some of our journals, while others are highly lauded. Neither do we know *who* constitute the remainder of this Committee on Censorship of the Press, but if we may judge by the report, we should say that it was written by *one* member of the committee, with only a partial view of the subject under consideration. If this committee is to continue its reports, we would suggest that their first *duty* is, to ascertain the *whole* object of their appointment, and not leave themselves open to censure upon the ground of *omission*.

THE *Manipulator* invented by Dr. Geo. H. Taylor, and used by him in his practice with relief in many utterly hopeless cases, is described in another column, and we advise all who can, to give it a personal inspection and trial. During a recent visit to the Doctor, we were amazed to see the various apparatus for the treatment of *chronic* diseases, and it is worth the while of any physician to investigate this mode of treatment of such intractable cases as are here treated. Deformities, paralysis, uterine displacements, etc., are treated with excellent results. Physicians unable to make personal inspection can obtain information from the Doctor's works, "*Paralysis and Diseases of Women*," and through correspondence by letter.

THE third annual meeting of the Hom. Med. Society of Tennessee, was held at Memphis, Sept. 19th, 1877. There was a full attendance, and many interesting papers were read.

Correspondence.

DUNKIRK, N. Y., July 15, 1877.

Dear Doctor: I have received the July number of THE HOM. TIMES, and presume that it is to you I am indebted for it. As our pleasant discourse in the hospitable quarters of our mutual friend, Dr. Couch, turned somewhat upon the relations of the different so-called "schools," I suppose the article on "Medical Union" is the one especially intended for my perusal.

In the first place, let me say that I am heartily in favor of the union of all thoroughly educated physicians, without reference to their individual opinions as to therapeutics. The union of the allopaths with the homœopaths would not, I fear, accomplish much, for the reason that the former, if they exist at all, are so few in number as to be a practically unimportant item in the medical world. I personally know of no physician who, either in theory or practice, is an allopathist on principle; that is, I know of no one who gives remedies in disease *because* they produce opposite symptoms in healthy persons.

Personally, I have no more faith in such a theory of cure than I have in the law of similars. Both laws can appeal to instances which apparently support them, but I feel assured that the only true reason for confidence in any remedy lies in the fact that it has been *experimentally proved* to be efficacious in combating certain diseases or symptoms of disease. There may be, and undoubtedly there is, much *narrowness* among physicians of the old (or as I prefer to call it, the regular school), which will tend to prevent any union for a long time to come.

But, Doctor, is there not quite as much among physicians of the homœopathic school? Yea, verily. It is not to be denied, when your prominent (I don't say your *best* men) insist that "*similia similibus curantur*," is the *true and only* law of therapeutics—and when your journals publish communications from men such as Dr. Lippe, insisting that a gentleman of your own school is all wrong *because* he propounds ideas *not to be found in the writings of Hahnemann*. Is the sun of medical progress to stand still at the bidding of the great German. I trow not; neither do I imagine that he would have desired to play the role of a modern Joshua in this fashion. Then, too, when so many of your school

flout the discoveries of pathologists, insisting that their labors are worse than useless, and that symptoms, *only symptoms*, are of value as guides to the selection of remedies. Is there not narrowness here? I do not cite these things in a spirit of recrimination, but merely to show that the *narrowness* is not all on one side. I can heartily join you in the hope that the time will come when "there will be no occasion for distinct sects in medicine, for *all* experiments and theories will receive their due consideration, and be received or rejected as unprejudiced investigation shall determine." But I doubt that that time will be hastened by the multiplication of colleges and societies making "*similia similibus*," "*contrari contrariis*," or any other *exclusive* dogma their shibboleth. I am myself a regular of regulars, but neither from preceptor or professor did I ever learn that I was to base my practice upon any dogma or theory, but, on the contrary I was specially warned to *avoid* all such narrowness, and "trying *all* things, hold fast to that which is good;" or, in your own words, to give "*all* experiments their due consideration and receive or reject them as unprejudiced investigation should determine." That is *my* platform *exactly*, and on it we can meet on common ground. For myself then, I have no quarrel with any physician because he believes and practices in accordance with the (so-called) law of "*similia similibus*;" but when he insists that that is the *only* law, that histology, pathology, etc., etc., are interesting studies in themselves, perhaps, but that so far as the *practice* of medicine is concerned they are but vain imaginings, I must say that *he* exhibits a *narrowness* of view which most effectually bars me out from full fellowship with him. As to the use of pellets or globules and of infinitesimal doses, I don't think these things have anything to do with the matter. If I understand the matter, they have nothing to do with homœopathy, except as incidents, and though the infinitesimal business has been carried to the limits of "*reductio ad absurdum*," by many homœopathic practitioners, I do not deem it fair to hold the school responsible for the absurdities of a few crack-brained enthusiasts. Frankly, then, my dear Doctor, while admitting, regretfully enough, that there is among *us* much narrowness, bigotry and partisan prejudice, I do not believe that these are the only, nor even the chief obstacles

to the union of educated physicians on common ground, but that this chief obstacle lies in the fact that your physicians, your colleges, hospitals and even the most liberal of your journals are not content to be *medical* men, colleges and journals, but insist on retaining the distinctive title of homœopathic, (which however honorable it may be, is certainly *exclusive* of all who do not accept the homœopathic law), and thus erecting a barrier between yourselves and many who would gladly unite with you on common ground, as physicians and scientists, but who cannot subscribe to your distinctive article of faith, nor endure to be classed as unscientific ignoramuses because they do not. No, my dear Doctor, there is but one way. Let every man *practice* as his skill, knowledge and reason dictates, but drop all distinctive and exclusive *names*; let us cease to call ourselves homœopaths, allopaths, electropaths, hydropaths, etc., etc., cease to insist, even by inference, that any one path is the true and *only* path. Let us call ourselves simply *physicians*—surely that name is honorable enough without any qualifying adjective—and my word for it, the barriers of sectarianism will soon fall away, and medical union become an accomplished fact.

With the kindest regards for yourself and many from whom I differ radically on many points, I am, my dear Doctor,

Sincerely your friend,

GEO. E. BLACKHAM.

To Alfred K. Hills, M. D., New York.

To the Editors of the HOM. TIMES.

Gentlemen: In the October number of your journal, page 161, appears a criticism of a circular containing a "Declaration of Homœopathic Principles," by R. S. Sabin, M. D. In answering Dr. Sabin we cannot hope to be able to reach that polite and classical style characterizing Dr. Sabin's criticism; we will try at all events. The *corpus delicti* is a printed sheet, (circular would not be classical?) purporting to be a "Statement of the essential points of the Homœopathic doctrine" and a "Declaration of Principles."—Dr. Sabin tells us that this printed sheet is totally uncalled for and unnecessary, and classically winds up by unhesitatingly characterizing it as insufferably impertinent!

Nothing in this world happens by accident or without cause. When the Vice-President of the British Homœopathic Medical Society made a

peace offering, and based this action on facts which did not exist, when in this country spontaneously a *printed sheet* appeared, with the heading "Medical Transcendentalism," containing propositions fully in antagonism to homœopathy; when later the daily papers over the whole country published the recantations of Dr. Wyld; when Medicus misinformed the public through the columns of the *New York Times* about homœopathy, when, in fact aggressive measures were taken by pretending members of the homœopathic school to pervert homœopathy into eclecticism, when the people were deceived, and told that the healing art, as taught by Hahnemann, and by him named homœopathy, had dropped all its essential doctrines, *then* it was time it became necessary for the host of faithful and consistent homœopaths to show themselves. The question now agitated by chismatics is, whether homœopathy as taught and practiced by Hahnemann has proved to be a failure; his fundamental principles had proved to be not reliable, his dosage a fallacy, his law of cure even not always applicable. In fact it was claimed by just such men as Dr. Sabin, that while the name was good enough, while the new school had been successfully introduced, its great first victories had been gained by the "*Old Guard*" fighting error and follies under Hahnemann's flag; that all these victories must be ignored, the *Old Guard*, if possible disarmed, and a new labor-saving regime be introduced to supersede the pains-taking and difficult tasks imposed on the consistent homœopathician.

The question in controversy is just as simple as it can be. The printed sheet (insufferably impertinent), contains simply a "Declaration of Principles of the Homœopathic Healing Art." Will Dr. Sabin admit that Dr. Samuel Hahnemann was the founder of a school of medicine by him called homœopathy? Can he deny it? To whom then does the intelligent world (medical and lay), look for an explanation of this new system? To Hahnemann, or to Sabin, Paine and Wyld? All we endeavored to do was, to give a very concise "Declaration of Principles," and if they are not in harmony with Hahnemann's teachings, why does the learned critic not point that out? That would be criticism; but if the critic merely tells us that *he* individually holds different views, he in fact confesses that *he* is not in accord with Hahnemann. Now it follows,

that a healer not in accord with Hahnemann, cannot consistently claim membership in that school. If his mode of practice brings results superior to Hahnemann's, then please let us have a logical argument first, such as is found in the *Organon*, and then "illustrate" by the clinical experiment. It was our duty to attend, some five years ago, a very large number of cases of malignant small-pox, then raging as an epidemic in this city. Many prominent persons came under our care; we never made any external application; came out of the epidemic with flying colors, not a case pitted; our reliance were Hahnemann's teachings, and having followed them consistently for forty years, and having no hesitation in confessing that whatever mistakes we have made, were caused by a neglect to apply carefully all of our fundamental principles and the master's injunctions to the cure of the sick. We leave it to men like Dr. Sabin who do not accept the "printed sheet" of "Declarations of Principles" to find that it is called for and positively necessary to publish their own "Declaration of Principles." If they hesitate or fail to do so, we should hold their further criticism of the "Declaration of Principles" in accordance with Hahnemann's teachings to be an insufferably impertinent act. Yours truly,

AD. LIPPE, M. D.

Philadelphia, Oct. 31, 1877.

Messrs. Editors:

IN the October number of your valuable journal, page 161, appears an article by Dr. Sabin, intended to throw ridicule upon a "Declaration of Homœopathic Principles," to which the name of Dr. Ad. Lippe is appended.

Now, it strikes me that Dr. Sabin, a so-called homœopathist, would show much more of true principle were he to defend rather than malign the principles of homœopathy.

But the point which most of all impressed me when reading his article, was the exceeding bad taste which he displayed when criticising the purity of the English embodied in the circular.

Does the talent and eminence of Dr. Lippe weigh as nought against any possible imperfection in his English, and he a foreigner at that?

Dr. Sabin's paper can scarcely be called a criticism, since it merely ridicules the grammatical construction, and splits hairs in regard to the application of the principles enunciated. Hence it was entirely gratuitous and uncalled for.

But it has served the purpose of showing that Dr. Sabin does not endorse the principles of Hahnemannian homœopathy. Yours truly,
THOS. WILDES, M.D.

Messrs. Editors:

THERE appeared in the *British Journal of Homœopathy*, for last January, an article by Dr. Richard Hughes, purporting to give an account from personal observation, of the assistance received by Dr. T. F. Allen in the preparation of his "Encyclopedia of Pure Materia Medica." According to this my share in the undertaking, as one of the "coadjutors" mentioned, was confined to translating French, and copying pathogenetic effects from volumes furnished for the purpose; whereas, in reality, the entire literary workmanship of the publication had all along been confided to my charge. Greatly surprised, and not a little indignant at this misrepresentation (which did not come under my notice until it had been copied into Boericke & Tafel's *Quarterly Bulletin*, and sent to every homœopathic physician in the United States), I at once sought an explanation from my respected employer. To my utter astonishment, he had none to give me! His looks and manner betrayed a degree of embarrassment almost painful to witness, but the only vocal utterance I could elicit from him consisted of the words, "*He was there.*" As this expression seemed designed to place the burden of responsibility in the matter upon Dr. Hughes, and as the mystery involved evidently could not be cleared up, for me, on *this* side of the Atlantic, I wrote to my English colleague, simply correcting the errors in his statement, and asking him to tell me by whom he had been so grossly misinformed.

He replied promptly as follows:

19 PAVILION PARADE, BRIGHTON, }
March 16, 1877. }

MY DEAR DR. FREEMAN,—I am very sorry to find that I have given an incorrect account of the distribution of labors in Dr. Allen's workshop. But I must take the whole responsibility for it on my own shoulders. I wrote from what I observed, and from my recollection of what Dr. Allen told me; but I cannot doubt that it is my memory which has led me astray. I will rectify the error in my notice of Dr. Allen's next volume, and I doubt not that Boericke & Tafel, on his or your representation, will see that the correction appears in their *Bulletin*, and so circulates as widely as the misrepresentation.

It is quite unjust that you should not have the credit of all your work in aid of this great undertaking.

Believe me, yours very faithfully,

RICHARD HUGHES.

The ensuing extract from an article in the current number of the *British Journal* will show how amply Dr. Hughes redeemed his promise:

"In giving an account in our January number of the assistance Dr. Allen receives in the preparation of his work, we rather misappropriated the share taken by his masculine and feminine coadjutors. The copying out of the pathogenetic effects of the various drugs from the volumes given for the purpose, should have been assigned to the assistant of the gentler sex, while 'the medical man, disabled from practice,' not only does the translating from the French, but prepares the material for the press, corrects the proofs, searches out the 'conditions,' and arranges the symptoms, when complete, in their proper categories and order of succession. This last task we erroneously assigned to Dr. Allen himself. We are glad to make this reparatory explanation to the gentleman in question, Dr. Freeman, whose labors, in connexion with Dr. Allen, deserve to be gratefully remembered by all students of the great work now growing under their hands."

The question naturally arises—if it was really Dr. Hughes' memory which was so strangely at fault, and he had received a correct account from Dr. Allen, *why did the latter not hasten to tell me so, and to take such action in the premises as good faith and self-respect alike required from him?*

As a matter of fact, I left Dr. Allen's employment three months since, without having heard another syllable from him concerning the *British Journal's* misstatement, although he well knew that I felt warmly on the subject and desired redress.

Now, his ethical studies must long ago have taught him that, just as "the receiver is as bad as the thief," so he who consents, by maintaining silence, to profit by a misrepresentation injurious to another, when it is in his power to have it promptly and completely rectified, occupies the precise position of one who, with malicious intent, violates the ninth commandment.

It only remains to add that when recently, I called the attention of Mr. A. J. Tafel to this matter, and showed him Dr. Hughes' letter, he declined to promise that the "reparatory explanation" [should appear in the *Bulletin* of his firm.

G. L. FREEMAN.

51 Yates Ave., Brooklyn.

"A NEW LIGHT."

Editors HOM. TIMES:

THE September number of your valuable journal contains many able and instructive contribu-

tions, and one article entitled "The Bugbear of Isopathy," seems to me worthy of extended notice. My object in calling special attention to it is to induce all homœopathicians, who have not already done so, to read, ponder and inwardly digest this latest evolution of the Hahnemannian idea. The world at large is under immense obligations to the hoary representative of the *genus anser*, who has torn himself from his practice and his potentizer, to dissipate the mists of ignorance and prejudice that cloud the ordinary medical vision. We are shown how the offensive secretions from an inflamed Schneiderian membrane, "potentized" and christened anew with the romantic appellation *Medorrhœin*, becomes "a dish fit for a king;" thus refuting the vulgar error, that "a rose by any other name would smell as sweet."

The study of pathology and diagnosis is greatly simplified by this great man, who assures us "that the *miasms* that produce psora and syphilis, lie at the foundation of all disease," and—presto!—the infallible specifics for psora and syphilis are *psorinum* and *syphilinum*! Verily; is not this worth knowing? By the way, is *psorinum* prepared from the itch insect, or from the morbid secretions caused by its burrowing?

But our Swan sings of higher therapeutic triumphs. He tells us how we can be enabled to eat almost *anything* and still bid defiance to the demon dyspepsia and all his works. Simply *potentize* a bit of the substance intended to be ingested, take "a few doses" of the same, and lo! a rump steak from the Cardiff giant becomes luscious, and "Limburger kase" may be eaten by a white man! Truly, great is the homœopathician when he getteth upon the war-path, and letteth himself loose! But, after all, the great potentizer allows himself to linger upon the threshold of his discovery, failing to see the brilliant possibilities to be realized by working out his grand idea to its utmost limits. Few minds will be found capable of grasping all the details of this magnificent conception. With due diffidence, I will venture to suggest a few applications of the principle, which seem to me to be of at least equal value with those pointed out by Swan. In the first place, if the *curative* virtues of these "potentized miasms" be conceded, is their prophylactic power to be doubted? No. Then let us have the gonorrhœal virus potentized, and let a gallon

or two of the 20th (Swan) be deposited in every house of ill-fame throughout the world! Let its use be made compulsory by statute, and let it be kept for free distribution by all boards of health! Then will the young men of this generation rise up and call us blessed! If the same course be pursued with variolinum and sybillinum, will not the monster disease be shorn of half his terrors? A "potentized preparation" of the dejections of typhoid fever patients should prove a specific for that fatal malady; and though taking it, at first blush, might seem rather like dining with Ezekiel, yet, Dr. Swan could undoubtedly furnish us with a name for the "medicine" that would make it smell "sweet as gases from Araby the Blest."

And could not scarlet fever be relegated to the "limbo of things lost," by the same wonderful power of "potentization!"

But I must pause. The overshadowing vastness of possibility evolved by this new illumination, is too much for me. Let every man think it out for himself!

One disagreeable feature which is developed in the process of being instructed by Swan, is the depressing conviction that *there are no non-medical substances!*

"Latet anguis in herba."

Cow's milk is no longer fit for babes and sucklings, but becomes medicinal vanity, and *sac. lact.* is vexation of spirit! A soiled pocket-handkerchief, 20th is better than *merc. iod.*, and the poison of gonorrhœa develops diuretic powers surpassing those of the rod of Moses!

"Can such things be, and overcome us like a summer complaint, without our special wonder?"

R. C. SABIN, M. D.

Milwaukee, Oct. 31st, 1877.

ANN ARBOR, MICH., Nov. 1, 1877.

Editors TIMES: The Homœopathic Medical College of the University of Michigan, opens with a highly intelligent class of seventy-one. The pre-matriculant examinations are producing their natural results, viz.: in vastly improving the scholastic standing of the school. Graduates in arts and medicine are plenty in our department. Owing to the resignation of Prof. Hawkes, the Regents have appointed Dr. Chas. Gatchell, formerly of Wisconsin, to the chair of Practice. The term extends through nine months: from October to July 1st. G.

Bibliographical.

HOMŒOPATHY: THE SCIENCE OF THERAPEUTICS. A collection of papers elucidating and illustrating the principles of Homœopathy. By Carroll Dunham, A. M., M. D. For sale at all homœopathic pharmacies.

The title of this work conveys a very correct idea of its general plan. It consists of a collection of essays and papers selected from the author's editorials and papers in the journal which he at one time edited; from various public addresses; papers read before medical societies; short studies in materia medica, either given to his class in college or to the public at different times through his journal.

There is an air of frankness, candor and gentlemanly courtesy about all Dr. Dunham's writing, which, together with a positiveness of opinion, often convince his readers more than the real argument which he advances.

The work opens with the ablest paper in the volume. "Homœopathy, the Science of Therapeutics," is treated with great clearness and with marked ability and fairness. To the well-read and thinking homœopathic physician, it contains but little new; but the doctrines of our school are discussed from a thoroughly scientific standpoint, in a so thoroughly scientific, clear and practical manner, that we should be very glad to see this and the two succeeding papers, "Homœopathy and Allopathy," and "Relation of Pathology to Therapeutics," printed in a small volume for the use of students in college and the reading world generally, who care to know what our doctrines are, and the course of reasoning and practice by which we uphold them.

Every honest physician will heartily endorse the position of Dr. Dunham in his paper on the "Alternation of Remedies," that it is "the business of the physician to cure his patient," and "that nature is not always restricted to a single path." The closing paragraph of his paper, copied from Bishop Chillingworth, will likewise meet with a hearty endorsement: "I will take no man's liberty of judgment from him; neither shall any man take mine from me. I will think no man the worse man, I will love no man the less for differing in opinion from me; and what measure I mete to others, I expect from them again."

Dr. Dunham, in his two papers and two editorials on the "Alternation of Remedies," lays down the doctrines so popular in our school, that remedies are never to be given in alternation, but always alone, until the development of new symptoms require an entire change. We cannot, after the most careful perusal of these papers, see that this doctrine is supported by a single argument higher than thus saith Hahnemann, thus saith Bœnninghausen, thus saith Dunham. While we admit the signal ability of these men, and bow with becoming reverence to the mighty genius of Hahnemann and the irresistible logic by which he made clear the law of similars, we frankly confess that in doctrines we cannot pin our faith to the simple opinions of any man, unless these opinions are upheld by weightier arguments than Dr. Dunham brings to support the non-alternation of remedies. If there is a scientific reason why the physician may not at times alternate remedies, when in his judgment such alternation may be conducive to the good of his patient, without subjecting himself to the charge of being non-homœopathic or too indolent to study out the right remedy, that reason does not appear in the papers under notice. We are inclined to believe that if the whole argument of those who insist upon making this rule a law in medicine, were brought into a court of law, any intelligent judge would speedily set aside the case with the Scotch verdict of "*not proven*."

The short studies of different drugs, and the clinical cases which fill the last half of the volume, are valuable contributions to our literature. They are valuable not only for the matter which they contain, but for their suggestive character, and the wide domains of thought which they open to the mind.

From the note of the editor and the star on the back of the book, we conclude that other volumes are to follow this by the same author. Books, however valuable, require to be carefully brought before the public. To do this, we suggest to the editors, that the machinery and business management of a competent publishing house are almost essential.

NATIONAL QUARTERLY REVIEW.

This best of the American Quarterlies maintains, under the editorship of Dr. Gorton, even a higher standard of excellence than that which

made it so popular with the literary public when managed by its founder, Dr. Sears. This number contains articles on the Civil and Military Administration of General Grant; The Influence of Caste on Western Europe; German Novels and Novelists; Oriental Christianity; Harriet Martineau; Old Customs and Old Families; Notices and Criticisms; Educational Notes; Life Insurance Notes.

The article on General Grant is interesting as an illustration of how a thorough partisan, discussing a question from a partisan stand-point, can make himself supremely ridiculous by his entire lack of common sense and his perversion of almost every fact in the history of his subject. If we are to believe this historian (?) the United States has disgraced itself by raising to rank and honor a man but little removed from idiocy. Stupid at West Point, without one redeeming trait as a soldier or a statesman, he is handed down to posterity by this would-be historian as a butcher, a sot and a beast. We are inclined to think the editor, who is one of the ablest and most brilliant metaphysical writers in this country, has admitted this article from some lunatic asylum, to show how a man whose reason has been overthrown can still show some semblance of sanity in an article which is a perfect burlesque of truth, but still so coherent that one can trace the line of thought from beginning to the end. The rest of the articles are written with marked ability.

THE very concise and convenient visiting list for 1878, arranged by Dr. Robert Faulkner, and published by Messrs. Boericke & Tafel, should be in the hands of every physician. It contains in addition to the pages to be devoted to entries under the various professional requirements, an obstetrical calendar, poisons and their antidotes, ready method in asphyxia, and a very complete repertory of many remedies in a large number of diseases. This repertory will be found of great service in suggesting the required drug.

Obituary.

GEORGE W. SWAZEY, M. D.

DR. SWAZEY, one of the veterans of homœopathy, and one of the most distinguished physicians in our country, died recently at Springfield, Mass., from the effects of a fall. During

a dark night, on returning from a professional visit, crossing the railroad bridge, he missed his footing, falling a distance of thirty feet, and died within an hour.

Dr. Swazey was born in Exeter, N. H., 1812, and received his collegiate education at Bowdoin College. The following beautiful tribute to Dr. Swazey, by one of his professional friends, in the *Springfield Republican*, will be endorsed by the entire profession:

"It is not necessary that a word be written of his character as a citizen and man to this community, by whom he was so well known. His 'life here has been long, honorable and successful. He commanded public respect while living, and justly receives its tributes now that he is dead.' He was held in high esteem by his professional brethren throughout the country, and from time to time was the recipient of their highest public compliments. He was one of the founders and early presidents of the American Institute of Homœopathy, now grown to be the largest associate medical body in the world. He was also one of the organizers of the Massachusetts Homœopathic Medical Society, was one year its president, and continued an active and honored member while he lived. He was a conscientious, studious and thoughtful man, slow to be convinced, but when convinced ever ready and quick to defend his conclusions. He is spoken of by a contemporary, as a man of 'narrow mental scope.' Precisely where the line should be drawn between a narrow and wide 'scope,' the writer cannot affirm, but, of Dr. Swazey, he ventures to declare that he was a man full of the spirit of progress, never clinging to the past, but looking steadily onward and upward, full of the 'humanities' of the period, and in hearty sympathy with every movement that looked to the elevation and betterment of the human family. He was a 'slow' man, but he was a strong man, combative and controversial in his disposition, but aiming steadily toward the right, and keeping step to no drum-beat that had not an inspiration for him in that direction. He was a man who could think as well on his feet, in the presence of an assembly, as in an arm-chair in the quiet of his office. In the medical conventions of his school he was always a force, alert to observe any movement not on a line with what he deemed a true policy; a ready debater, easy and fluent of expression. He has done worthy labor for the cause he served, and will be remembered as one of the valiant souls who dared to step from the ranks at a time when to do so involved a sacrifice of much that cannot now be realized, and uplift and carry forward to a wonderful victory the banner inscribed with that then strange device, Homœopathy! Brave soldier, comrade, friend! Tearfully I lay a lily upon the coffin that incases all that he was and is yet tangible of thy personality, and tenderly and lovingly bid thee, for a brief time, adieu."

We regret to record, from typhoid fever, Oct. 28th, the death of Mrs. Pettet, wife of our esteemed colleague, J. Pettet, M. D., of Cleveland, Ohio.

DR. JULIUS M. BERGHAUS.

JULIUS M. BERGHAUS, A. M., M. D., L. L. D., was born November 11th, 1825, in Halle, Prussian Province, Westphalia. He studied medicine in Muenster, Berlin, and in Erlangen, Bavaria, where he received his degree of Doctor of Medicine. He was appointed assistant surgeon to the 15th Prussian Infantry, where he served for two years, resigning on account of ill-health, during the Schleswig-Holstein war of 1849. While searching for his health he became familiar with the practice of homœopathy; and in the year 1851 removed to St. Louis, Mo. In 1854 he returned to Europe, spending a year in travel and study, returning to the United States and settling in New York city. After a very successful practice in this locality for about sixteen years duration, he was compelled to change his residence on account of ill-health, spending a year traveling in Egypt, Palestine and Italy. He then commenced the study of law in Wurzburg and Heidelberg, where he graduated at the end of three years, with the highest honors. He next underwent an examination for the degree of Magister Artinor, and more recently had been preparing himself for the degree of Philology. Notwithstanding all these studies, he found time during these past six years to write a philosophical work in Latin, which we understand is to be published.

At the time of his death he was journeying over the Alps, hardly able to travel on account of anasarca, and he passed away, suddenly, on the morning of September 20th, 1877, in St. Maurice, Switzerland.

DR. VON GRAUVOGL.

WE are compelled to add another to our list of deceased for the current year. The scientist and philosopher, Dr. Von Grauvogl, died in Munich, August 31st, 1877, aged 66, of cancer.

In reading his text-book of homœopathy who can but admire the genius which could make such a work possible!

In the preface to this work he says: "The text-book of homœopathy is Hahnemann's '*Organon*.' * * * its principles must be demonstrated and set forth by cases and comparisons taken from life. * * * I resign all pretence to any party stand-point, since there should be no party in science, consequently none in therapeutics."

The work, from a physiological and philosophical stand-point, is pre-eminent in attempting the elucidation of homœopathic principles upon scientific grounds common to all, and upon which there is little dispute.

Although called away at a little past the meridian of life, he has left us in possession of that of which we may well be proud, and places his name "*memoria in aeterna*"

Medical Items and News.

PROF. C. H. VON TAGEN, M. D., of Chicago, Ill., after a large and extended practical experience, for more than twenty-three years, both in active military and civil service, including twelve years of college and clinical experience as an instructor and operator in the department of surgery, desires to notify the medical profession that he is now engaged preparing a work on operative surgery, including all the known specialties of the modern school; embracing likewise, homœopathic therapeutics in the treatment of surgical diseases thorough and complete. He earnestly solicits reports of surgical cases, of any and all kinds, of minor and major cases, operative and therapeutic—particularly of the last named. Due notice will be taken and full credit given to the author of any contributions for the work. Address, No. 8 Kentucky Building, 201 Clark street, Chicago, Ill.

EXTRACT from a letter of Dr. Talcott's, relating to the State Homœopathic Asylum for the Insane, Middletown:

"I will state to inquiring friends, that this fledgling of homœopathy (the asylum, not me!) is in a flourishing condition. We are paying expenses. We are curing a goodly percentage of our cases, and that too, with strictly homœopathic remedies. We do not alternate; but give the single remedy, carefully selected, according to 'the law.' We don't give opium, chloral, or the bromides to induce sleep, but rely on the homœopathic remedy instead. The house physicians are faithful and energetic, and the patients are mainly quiet and contented—owing to the soothing influence of their (the doctors,) benign presence, no doubt. Many improvements are being made in the buildings and about the grounds, for the comfort and *delectation* of the patients."

OUR Colleges, so far as heard from, report an increased number of students over any previous year. Boston University is reported to have 160 students; Hahnemann, Philadelphia, 150; N. Y. Homœopathic, 150; Hahnemann, Chicago, 130; Chicago Homœopathic, nearly 100; Michigan University, over 70; and the N. Y. Medical College and Hospital for Women, over 50, to say nothing of the large number in old school colleges who will practice homœopathy. This looks very much as if the practice was on the wane.

DR. H. A. HOUGHTON succeeds Dr. J. C. Neilson, Charlestown, Mass.

THE New York Ophthalmic Hospital for Eye and Ear, corner Third ave. and 23d street.—Report for the month ending Sept. 30, 1877; No. prescriptions, 2,987; new patients, 393; patients resident in the hospital, 36; average daily attendance, 120; largest, 160. For the month ending October 31, 1877; No. prescriptions, 3,376; new patients, 405; patients resident in the hospital, 46; average daily attendance, 125; largest, 177. —ALF'D WANSTALL, M. D., *Resident Surgeon*.

AN eye and ear infirmary to be under homœopathic treatment, has been established at the corner of Seneca and Ellicott streets, Buffalo, with Dr. F. Park Lewis as surgeon in charge. Dr. Lewis is a graduate of the N. Y. Ophthalmic Hospital, and from a personal acquaintance with him, we should say he was the right man in the right place. We cordially commend the Doctor and the institution over which he presides, to the profession of the vicinity.

COLUMBIA MEDICAL COLLEGE.—There is a rumor to the effect that Columbia College is to sever its connection with the College of Physicians and Surgeons, and establish a medical department of its own.—*Medical Record*.

THE School for Nurses of the Hom. Hospital, W. I., opened with a good attendance on September 12th, and will continue during the winter. Lectures are given by members of the Medical Board.

DURING the month ending October 31, 1877, there were treated at the Brooklyn Homœopathic Hospital Dispensary, 109 Cumberland st., 1,173 new patients, to 2,510 prescriptions.—J. A. Lewis, M. D.

MESSRS. TUCKER & FITCH have established a Homœopathic Pharmacy at 26 Warren street, Syracuse, N. Y.

DR. L. de V. WILDER has returned to this city after an absence of several years, and resumed practice at 328 West 32d street.

DR. C. J. FARLEY succeeds Dr. Houghton at Keeseville, N. Y.

DR. J. H. DIX has removed from Dansville to Honeoye Falls.

WE hope our subscribers will appreciate the efforts in their behalf to increase the value of this journal in adding an appendix, and show their appreciation in aiding us to obtain the necessary means to that end.